| NAME AND ADDRESS OF COURT:  |               |                  |                   | FOR COURT USE ONLY              |
|---|---------------|------------------|-------------------|---------------------------------|
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
| NAME OF DEFENDANT:  |               |                  |                   |                                 |
| STREET ADDRESS:   |               |                  |                   |                                 |
| MAILING ADDRESS:  |               |                  |                   |                                 |
| CITY AND ZIP CODE:  |               |                  |                   |                                 |
| HOME TELEPHONE NO.: WORK TELEPHONE NO.:   |               |                  |                   |                                 |
| DRIVER'S LICENSE NO.:   |               |                  |                   |                                 |
| BRIVERS EIGENGE No.:  |               |                  |                   | CASE NUMBER:                    |
| IGNITION INTERLOCK NONCOMPLIANCE REPORT   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
| 1. The above-named defendant has failed to make or keep an appointment for installing monitoring                        |               |                  |                   |                                 |
| of the ignition interlock device(s) in the vehicle(s) checked below.  |               |                  |                   |                                 |
| -   | . ,           |                  |                   |                                 |
| <u>Make</u>   | <u>Model</u>  | <u>Year</u>      | <u>Color</u>      | License Plate No. and/or V.I.N. |
| a   |               |                  |                   |                                 |
| b   |               |                  |                   |                                 |
| c   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
| 2. The ignition interlock device insta  |               | e(s) checked bel | low showed eviden | ce of attempt(s) to bypass      |
| tampering attempt   | (s) to remove |                  |                   |                                 |
| Maka  | Madal         | Voor             | <u>Color</u>      | License Plate No. and or V.I.N. |
|   | <u>Model</u>  | <u>Year</u>      | COIOI             | LICEUSE Flate No. and or V.I.N. |
| a<br>b  |               |                  |                   |                                 |
| c.  |               |                  |                   |                                 |
| 0.  |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
| 3. I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct. |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
| Date:   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  | <b>L</b>          |                                 |
|   |               |                  | <u> </u>          |                                 |
| (TYPE OR PRINT NA   | AME)          |                  |                   | (SIGNATURE OF FACILITY MONITOR) |
| N   |               |                  |                   |                                 |
| Name of facility monitor (specify):   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
| Name of facility (specify):   |               |                  |                   |                                 |
| reality (opcony).   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
| Address of facility (specify):  |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
|   |               |                  |                   |                                 |
| Telephone number of facility (specify   | <i>/)</i> :   |                  |                   |                                 |